

## FRIDAY, OCTOBER 23, 2015

Name:  Address:  Street  Street  City  State  Street  City  State  Street  Phone#:  E-mail Address:  Male / Female  Date of Birth:  Age on Race Day:  Event Choice:  Street  Female Date of Birth:  Age on Race Day:  Shirt included/Size:  Shirt included/Size:  Shirt included/Size:  Shirt included/Size:  Fre-register by October 16th and SAVE!  Street  Fre-register by October 16th and SAVE!  Street  Fre-register by October 16th and SAVE!  Street  T-shirt Sizes Available:  Adult: XXL (\$2 extra) XL L M S  Youth: L (14-16) M (10-12) S (6-8)	Registration (in B	Beeson Hall) <b>star</b>	ts @ 5:00pr	n Race	e starts @ 6:00pr	n
Phone#: E-mail Address:	Name:					
Phone#: E-mail Address: Age on Race Day:  Event Choice: € 5K Run (864103-A)						
Male / Female Date of Birth: Age on Race Day:  Event Choice: € 5K Run (864103-A)				•	State Zip	
Shirt included/Size: Shirt included/Size:  € 1-Mile Family Walk (864103-C) € T-shirt (864103-D) Shirt NOT included *Purchase a T-shirt (\$10/each) #/Size  Pre-register by October 16 <sup>th</sup> and SAVE!  5K Run/Walk: \$15 if register before October 16 <sup>th</sup> \$20 after October 17 <sup>th</sup> 1-Mile Family Fun Walk: \$2/person  T-shirt Sizes Available: Adult: XXL (\$2 extra) XL L M S  Youth: L (14-16) M (10-12) S (6-8)					Age on Race I	Day:
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Adult: XXL (\$2 extra) XL L M S  Youth: L (14-16) M (10-12) S (6-8)	T-shirt Sizes Avo	ailable:				Make
Youth: L (14-16) M (10-12) S (6-8)	-	<del></del>	XL L N	M S		Life
Franklin Parks & Recrea		,		5 (6-8)	Fra	nklin Parks & Recreation
**Please make checks payable to: Franklin Parks & Recreation	**Please r	nake checks	s payable t	o: Frankli	n Parks & Recre	<u>eation</u>
WAIVER STATEMENT (Must be signed; parent or guardian must sign if participant is under 18.)  I recognize that because of the potentially hazardous nature of this activity that an injury might be sustained. In the event of such an injury to myself or my child, if I or my spouse cannot be contacted, I give my permission to the attending physician to render such treatment as would be normal and agree to pay the usual charges for such treatment. I now release the City of Franklin, The Franklin Parks & Recreation Dept., its employees, volunteers, agents and assigns from responsibility for any person injuries and damages to property caused by or having any relation to this activity. I understand that this release applies to a present or future injuries and that it binds my heirs, executors and administrators. I understand that participants may be photographed or videotaped. I have read this release and sign it voluntarily and with full knowledge of its significance.  Signature of Participant/Parent or Guardian  Date	I recognize that because of such an injury to myself or render such treatment as veranklin, The Franklin Parks injuries and damages to proper the franklin future injuries and photographed or videotage.	of the potentially haze my child, if I or my spe would be normal and & Recreation Dept., it roperty caused by or ad that it binds my hei oed. I have read this	ardous nature of this ouse cannot be co- agree to pay the uses s employees, volur having any relation rs, executors and cor release and sign it	s activity that ar ntacted, I give n usual charges for nteers, agents ar n to this activity. Idministrators. I u voluntarily and v	n injury might be sustained.  The permission to the attency of the such treatment. I now related assigns from responsibility of the standard that this relected that this relected that the support of the sustained that the support of the sustained that the support of the sustained that the sustained the sustained that the sustained the sustaine	In the event of ding physician to ease the City of ry for any personal ase applies to any ts may be unificance.